



Town of Abington
Office of the Collector of Taxes
Sonia Hodge, Collector of Taxes
500 Gliniewicz Way
Abington, MA 201351
(781) 982-2131

Unclaimed Property Claim Form

Claimant's Name: _____
(as it appears on website or in newspaper)

Current Name: _____
(If different from above, please provide documentation)

Executor's Name: _____
(if claimant is deceased, please provide documentation proving executorship)

Claimant/Executor Address: _____

Check Number: _____ Check Date: _____

Check Amount: _____

Under Massachusetts General Law Chapter 200A, Section 9A, the Town of Abington will reissue unclaimed funds in accordance with those laws and procedures. I provide this affidavit so that a replacement check may be issued to me. I acknowledge that authorization for payment of the original check has been cancelled and will return the original check to the Town of Abington if it is found. I agree that the Town of Abington and the financial institution shall not be liable for damages resulting from refusal to honor an instrument submitted of repayment more than one year after issuance.

Signature of Claimant or Executor

Date

Telephone Number

Please return this form to: Town of Abington
Treasurer-Collector
500 Gliniewicz Way
Abington, MA 02351

Fax: 781-982-2121
Attn: Sonia Hodge
Email: shodge@abingtonma.gov

For office use only: Claim deadline _____ Date rec'd _____ Valid claim Y / N

Date reviewed _____ by _____ Check reissued on _____